INFORMATION REQUESTS

1.	Full Legal Name of Business:	ALDION KA	7dix to	or Dervic
2.	Address: RECORDS CENTER REGION 5 469016	1006 Aus Albien M		ve 224
3.	Telephone Number: (include area code)	1-517-1029	- 6350	
4	Has your business u			
5.	Dates of Operation	(under each name).		
6.	Is your business owned by or affiliated with any other business? YES NO If yes, state name of affiliated business.			
7.	Has your business since 1966? Was this a Stock sa Was this an asset so Other (please specistate name and address)	YES ale? YES sale? YES	NO NO	cion anytime
8.	Respond to the foll during the period 1		our business	s operations
	Did you change oil? Did you change antimotor vehicle fluid Did you have hydrau Did you use any sol Did you use any pai	freeze and other ds? dlic equipment? vents?	YES YES YES YES	NO NO NO NO

9.	If your answer to any of the questions in number 8 above was YES, respond to the following:			
	Where did you dispose of the waste material from these operations (state time frames for each disposal location)?			
	Our hydraulic equipment in of sealed type			
	faint was applied to radiation, no disposal of war			
	Who transported the waste material to each disposal location? (Specify transporter name and address)			
10.	Have you, or any of your agents or employees, ever arranged to dispose of any waste at the Site or arranged to dispose of waste with any hauler who may have disposed of the material at the Site? YES NO			
	our response to number 10 was YES, answer numbers 11, 12, 13 14 below. If NO, skip to number 15.			
11.	State the date, or if unknown, approximate date, of each transaction to dispose of waste at the Site and/or with any waste hauler who may have disposed of the material at the Site.			
	(Submit copies of all supporting documents.)			
12.				
	Waste oil Antifreeze			
	Spent solvents Waste grease			
	Paints Cleaning Fluids			
	Gasoline Diesel fuel			
	Batteries Battery Acid			
	Tires Gear Lube			
	Hydraulic/Transmission/Brake Fluids Other Material (Please specify):			
	•			

13.	For each substance identified in number 12, estimate the total volume or number of gallons that you arranged to dispose of at the Site.					
	(If exact figures are available please state amount and supply supporting documentation.)					
14.	Is the only material you arranged to dispose of at the Site oil you accepted for collection from private citizens who changed their own oil? (Do not circle YES if you also sent material from vehicles your business serviced or if you mixed other material with this "recycled oil.") YES NO					
15.	Do you know the names of any other businesses that arranged to dispose of waste at the site or who arranged to dispose of waste with a waste hauler who disposed of the waste at the Site? If so, state the name, address and type of waste, if known, for each business. Alone That I me of the control of the waste at the Site? If so, state the name, address and type of waste, if known, for each business.					
	ou need additional space for any of your responses use the owing.					

AFFIDAVIT

I, the undersigned, being first duly sworn on my oath, depose and state that I have conducted a reasonably prudent search for facts, data and documents which included interviewing knowledgeable. persons and examining relevant documents and that the above are true responses to the questions and information requests.

329 N. Liberty ST /-6/6-781-2690

Home address

Home Phone MARShALL M: 49068 1-517-629-6350
City, State and Zip Business Phone

Your Signature

Edward H CRAbill
Print your name

SUPERFUND PROGRAM MANAGEMENT BRANCH

B PROGRAM ENT BRANCH SUPERIMENTAL STANDS IN MANAGEMENT OF THE PROPERTY OF THE PROPE



SUPPLEMENT FORFAM

Albion RAdiator Service 1006 Austin Ave Albion M: 49224 Paul J. Rogers SuperFund Program Management Branch HSM-50 US Environmental Protection Agency 77 West Jackson Boulevard Chicago Illinois 60604

